Image# 15970305914 PAGE 1 / 22

# **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

	or Other Than An Au	thorized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
American Council of Lit	e Insurers Political	Action Committee		
ADDRESS (number and street)	101 Constitution Ave., NW			
Check if different	Suite 700			
than previously reported. (ACC)	Washington		DC L	20001
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
C C00147066		S THIS X NET	OR AM	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		` '		(Non-Election Year Only)
April 15 Quarterly Report (Q	1)			20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P)  Convention (129)	General ( Special (	
October 15 Quarterly Report (Q		Convention (12)	o) Special (	120)
January 31 Year-End Report (Y	≣) Electi	on on	D / Y W Y W Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Electi	on on	D / Y Y Y Y Y	in the State of
5. Covering Period 02	01 2015	through	02 28	2015
I certify that I have examined thi	s Report and to the best o	f my knowledge and bel	ef it is true, correct and	complete.
Type or Print Name of Treasurer	Mr. Donald L. Walker			
Signature of Treasurer Mr. D	onald L. Walker	[Electronically F	iled] Date 03	/ 19 / Y Y Y Y Y Y 2015
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the persor	signing this Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

## American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 02 01 2015 To: 02 28 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2015		620787.98
	(b) Cash on Hand at Beginning of Reporting Period	557855.95	
	(c) Total Receipts (from Line 19)	17391.02	30463.99
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	575246.97	651251.97
7.	Total Disbursements (from Line 31)	60000.00	136005.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	515246.97	515246.97
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 02	01 2015 To	: 02 28 2015 COLUMN B				
I. Receipts	I. Receipts COLUMN A Total This Period					
. Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees	4800.72	8840.85				
(i) Itemized (use Schedule A)	4000.72	3				
(ii) Unitemized(iii) TOTAL (add	2590.30	6623.14				
Lines 11(a)(i) and (ii)	7391.02	15463.99				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)	10000.00	15000.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5)	17391.02	30463.99				
Transfers From Affiliated/Other	7	7				
Party Committees	0.00	0.00				
-						
. All Loans Received	0.00	0.00				
	0.00					
. Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)	0.00					
(Carry Totals to Line 37, page 5)	0.00	0.00				
. Refunds of Contributions Made						
to Federal Candidates and Other						
Political Committees	0.00	0.00				
. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
. Transfers from Non-Federal and Levin Funds	,	,				
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
/ \ _ · · · _ / · · · · · · · · · · · · · ·	2.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	17391.02	30463.9				
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	17391.02	30463.99				

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. O <sub>l</sub> (a	oerating Expenditures: – ) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronida Tour to Buto
	(i) Federal Share	0.00	0.00
	()		
,,	(ii) Non-Federal Share	0.00	0.00
(b	, ,	0.00	0.00
(c	Expenditures  Total Operating Expenditures	0.00	0.00
(0	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Tr	ansfers to Affiliated/Other Party	7 7 7	
Ç	ommittees	0.00	0.00
Fe	ontributions to ederal Candidates/Committees do Other Political Committees	60000.00	136000.00
In	dependent Expenditures		
(u Co	se Schedule E) pordinated Party Expenditures	0.00	0.00
(2	U.S.C. §441a(d)) se Schedule F)	0.00	2.22
(u	se Schedule F)	0.00	0.00
1.0	pan Repayments Made	0.00	0.00
L	an Hopayments Made		
	pans Made	0.00	0.00
Re (a	efunds of Contributions To: ) Individuals/Persons Other		
lα	Than Political Committees	0.00	5.00
	Ī		
(b		0.00	0.00
(c	•	0.00	0.00
	(such as PACs)	0.00	0.00
(d	) Total Contribution Refunds		
(	(add Lines 28(a), (b), and (c))▶	0.00	5.00
O	ther Disbursements	0.00	0.00
	ederal Election Activity (2 U.S.C. §431(20))		
(a	) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) I cociai Gilaic		
	(ii) "Levin" Share	0.00	0.00
(b	) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
(c	•	2.22	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
т.	tal Diahuwaamanta (add Linas 01/s) 00		
	atal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	60000.00	42600 00
20	, 27, 20, 20, 21, 20(u), 23 and 30(b))	00000.00	136005.00
To	tal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	60000.00	136005.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17391.02	30463.99		
4. Total Contribution Refunds (from Line 28(d))	0.00	5.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17391.02	30458.99		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
Net Operating Expenditures     (subtract Line 37 from Line 36)	0.00	0.00		

FOR LINE NUMBER: PAGE 6 OF 22

	I OH LINE	NUMBER.	. II AGE	. 0 01	~~				
Use separate schedule(s)	(check only one)								
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12					
., .,	13	14	15	16	17				

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
angle American Council of Life Insure	rs Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Daniel C Bryant		Date of Receipt
Mailing Address 1160 High Hawk Road		02 11 2015
City	State Zip Code	Transaction ID : 64692805
East Greenwich	RI 02818-1347	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
ACLI	Lawyer - Regional V P	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Ms. Kathleen F. Kiernan		Date of Receipt
Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
Suite 700	State Zip Code	02 28 2015
City Washington	State Zip Code DC 20001-2140	Transaction ID : PR1728112739737
Washington	20001-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	160.00
Name of Employer	Occupation	
American Council of Life Insurers	Sr. Counsel, State Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	320.00	P/R Deduction (\$80.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  C. Ms. Carolyn C. Cobb		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		02 28 2015
City	State Zip Code	Transaction ID : PR1821819639737
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	237.30
Name of Employer	Occupation	
American Council of Life Insurers	Vice President & Associate General Cou	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$118.65 Semi-Monthly)
Other (specify) ▼	474.59	
SUBTOTAL of Receipts This Page (optional)		1397.30
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	7	OF	22
(che								
×	11a		11b		11c	12	2	
	13		14		15	16	6	17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Council of Life Insure	rs Political Action Committee	
Full Name (Last, First, Middle Initial)  1. The Honora Dirk A. Kempthorne		Date of Receipt
Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
Suite 700 City	State Zip Code	02 28 2015 Transaction ID - PP1871324530737
Uity Washington	DC 20001-2133	Transaction ID: PR1871324539737  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.66
Name of Employer	Occupation	
American Council of Life Insurers	President and CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  833.32	P/R Deduction (\$208.33 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. Brian Waidmann		Date of Receipt
Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
Suite 700 City	State Zip Code	02 28 2015
Washington	DC 20001-2133	Transaction ID : PR1872428339737  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	
American Council of Life Insurers	Chief of Staff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	P/R Deduction (\$200.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. Gary E. Hughes		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		02 28 2015
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771358239737
FEC ID number of contributing federal political committee.	C 20001-2133	Amount of Each Receipt this Period 366.62
Name of Employer	Occupation	
American Council of Life Insurers	Executive Vice President & General Cou	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	733.24	P/R Deduction (\$183.31 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		1183.28
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LI	PAGE		8	OF		22				
(check only one)											
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Council of Life Insure						
Full Name (Last, First, Middle Initial)  A. Ms. Linda H. Cunningham		Date of Receipt				
Mailing Address 101 Constitution Avenue, NW Suite 700 West		02 28 2015				
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771362439737				
FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.	C	119.66				
Name of Employer	Occupation					
American Council of Life Insurers	Vice President, Conference Development					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	P/R Deduction (\$59.83 Semi-Monthly)				
Other (specify)	239.33	Deadenon (403.00 Senii-Monthly)				
Full Name (Last, First, Middle Initial)  3. Mr. J. Bruce Ferguson		Date of Receipt				
Mailing Address 101 Constitution Avenue, NW	Mailing Address 101 Constitution Avenue, NW					
Suite 700 West City	State Zip Code	02 28 2015 Transaction ID : PP771373239737				
Washington	DC 20001-2133	Transaction ID : PR771373239737  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	316.44				
Name of Employer	Occupation	•				
American Council of Life Insurers	Senior Vice President, State Relations					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 632.89	P/R Deduction (\$158.22 Semi-Monthly)				
Full Name (Last, First, Middle Initial)  Mr. David M. Leifer		Date of Receipt				
Mailing Address 101 Constitution Avenue, NW Suite 700 West		02 28 2015				
City	State Zip Code DC 20001-2133	Transaction ID : PR771374039737				
Washington  EEC ID number of contributing		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	177.58				
Name of Employer	Occupation					
American Council of Life Insurers	Vice President & Associate General Cou					
Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$88.79 Semi-Monthly)				
Other (specify)	355.17	. At Deduction (\$66.78 Senii-Monthly)				
SUBTOTAL of Receipts This Page (optional)	•	613.68				
TOTAL This Period (last page this line number	only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	9	OF	22	
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16		17

	ers Political Action Committee	
Full Name (Last, First, Middle Initial)  Mr. John W. Mangan CEBS  Mailing Address 101 Constitution Ave, NW  Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20001-2133  C  Occupation Regional Vice President, State Relatio  Aggregate Year-to-Date ▼  400.00	Date of Receipt  02 28 2015  Transaction ID: PR771377139737  Amount of Each Receipt this Period  200.00  P/R Deduction (\$100.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. Morris R. Goff  Mailing Address 101 Constitution Avenue, NV Suite 700 West  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code DC 20001-2133  C	Date of Receipt  02 28 2015  Transaction ID : PR771419339737  Amount of Each Receipt this Period  208.58
American Council of Life Insurers  Receipt For:  Primary General  Other (specify) ▼	Vice President, Federal Relations  Aggregate Year-to-Date ▼  417.16	P/R Deduction (\$104.29 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Ms. Brenda S. Nation  Mailing Address 101 Constitution Avenue, Nation Suite 700 West  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20001-2133  C  Occupation Regional Vice President, State Relatio  Aggregate Year-to-Date ▼  300.00	Date of Receipt  02 28 2015  Transaction ID : PR771419939737  Amount of Each Receipt this Period  150.00  P/R Deduction (\$75.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	<u> </u>	558.58
TOTAL This Period (last page this line number	er only)	

	FOF	R LINE	NU	IMBER	:	PAGE	•	10 O	F	22
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

		name and address of any political committee to	
<u>_</u>	NAME OF COMMITTEE (In Full)		
$\rangle$	American Council of Life Insurer	's Political Action Committee	
٧.	Full Name (Last, First, Middle Initial) Mr. John P. John P. Gerni		Date of Receipt
	Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
	Suite 700	State Zip Code	02 28 2015
	Washington	DC 20001-2133	Transaction ID : PR771428739737  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer	Occupation	
	American Council of Life Insurers	Regional Vice President, State Relatio	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	P/R Deduction (\$75.00 Semi-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. David C. Turner		Date of Receipt
	Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
	Suite 700 City	State Zip Code	02 28 2015 Transaction ID : PP771428030737
	Washington	DC 20001-2133	Transaction ID : PR771428939737  Amount of Each Receipt this Period
	FEC ID number of contributing	2000. 2.00	
	federal political committee.	C	277.46
	Name of Employer	Occupation	
	American Council of Life Insurers	EVP, Chief of Staff & Corp. Secretary	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	554.91	P/R Deduction (\$138.73 Semi-Monthly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Alane R. Dent		Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700		02 28 2015
	City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771444339737
		20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	203.76
	Name of Employer	Occupation	
	American Council of Life Insurers	Vice President, Federal Relations	
	Receipt For:    Primary   General	Aggregate Year-to-Date ▼	D/D Dody-# (6404-00-0
	Other (specify)	407.52	P/R Deduction (\$101.88 Semi-Monthly)
s	SUBTOTAL of Receipts This Page (optional)		631.22
	OTAL This Period (last page this line number o		
•	VIAL THIS I CHOU (last page this line number t	лпу j	

Use separate schedule(s) for each category of the Detailed Summary Page

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(che	ck only	or	ne)						
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	13		14		15		16	;	17

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insu	rers Political Action Committee	
Full Name (Last, First, Middle Initial)  Mr. Maurice A. Perkins  Mailing Address 101 Constitution Ave, NW Suite 700  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary General Other (specify)	State Zip Code DC 20001-2133  C  Occupation Vice President, Federal Relations  Aggregate Year-to-Date ▼  833.32	Date of Receipt  28 2015  Transaction ID: PR805149139737  Amount of Each Receipt this Period  416.66  P/R Deduction (\$208.33 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code  C Occupation	Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code  C	Date of Receipt  M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	416.66
TOTAL This Period (last page this line numb	er only)	4800.72

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 22 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) American Council of Life Insurers F	Political Action Committee	
Milwaukee  FEC ID number of contributing federal political committee.  Name of Employer  Oct	State Zip Code WI 53202  C C00197095  ccupation  ggregate Year-to-Date ▼  5000.00	Date of Receipt  02 18 2015  Transaction ID: 64693539  Amount of Each Receipt this Period  5000.00
Chattanooga  FEC ID number of contributing federal political committee.  Name of Employer  Oct		Date of Receipt  02 11 2015  Transaction ID: 64694288  Amount of Each Receipt this Period  5000.00
FEC ID number of contributing federal political committee.  Name of Employer  Oct	State Zip Code  Cupation  ggregate Year-to-Date	Date of Receipt  M = M / D = D / Y = Y = Y = Y  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (ontional)		10000.00

TOTAL This Period (last page this line number only).....

10000.00

		1	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 2 28a 28b 28c 29 3
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Council of Life Insurers	Political Action Comn	nittee	
Full Name (Last, First, Middle Initial)			
A. Royce Campaign Committee  Mailing Address P.O. Box 3249			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fullerton	State Zip Code CA 92834		Transaction ID: 64412276
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name Rep. Ed Royce		Category/ Type	5000.00
Office Sought: House Disburs Senate President	ement For: 2016 Primary General Other (specify)		Political Contribution
State: CA District: 39			
Full Name (Last, First, Middle Initial)  B. Kirk For Senate			Date of Disbursement
Mailing Address P.O. Box 8			02 23 2015
City Winnetka	State Zip Code IL 60093		Transaction ID : 64412277
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Sen. Mark Kirk		Category/ Type	3500.00
Office Sought:  House Senate President State: IL District:	ement For: 2016  Primary		Political Contribution
Full Name (Last, First, Middle Initial)  C. Tim Scott For Senate			Date of Disbursement
Mailing Address 1405 Ashley River Road			02 23 2015
City Charleston	State Zip Code SC 29407		Transaction ID : 64412278
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name Sen. Tim Scott		Category/ Type	1000.00
Office Sought:  House Senate President  State: SC District:	ement For: 2016 Primary General Other (specify)		Political Contribution
			9500.00
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number onl			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE	14 OF 22
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 24 28b 28c	25 26 29 30b
Any information copied from such Deposite and Chate	monto mov not be cold or			
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers	Political Action Comr	nittee		
Full Name (Last, First, Middle Initial)			Data of Distance	
A. Friends of Schumer			Date of Disbursement	
Mailing Address 192 Lexington Avenue Suite 1001				015
City	State Zip Code			
New York	NY 10016		Transaction ID: 64412279	
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursemen	t this Period
Candidate Name		Category/		1500.00
Sen. Charles Schumer	_	Type		1500.00
Senate President	ment For: 2016 Primary General Other (specify)		Political Contribution	
State: NY District:				
B. Kevin McCarthy For Congress			Date of Disbursement	
Mailing Address P O Box 12667				015
City Bakersfield	State Zip Code CA 93889		Transaction ID: 64412280	
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursemen	t this Period
Candidate Name		Category/		2500.00
Rep. Kevin McCarthy		Туре		2500.00
	ment For: 2016 Primary General Other (specify)		Political Contribution	
Full Name (Last, First, Middle Initial)  C. Friends of John Boehner			Date of Disbursement	
Mailing Address 7908 Cincinnati Dayton Road Suite I				015
City West Chester	State Zip Code OH 45069		Transaction ID : 64412281	
Purpose of Disbursement Political Contribution		011	Amount of Fack Distance	t this Device
Candidate Name			Amount of Each Disbursemen	t triis Period
Rep. John Boehner		Category/ Type		2500.00
Office Sought:    House   Disburse	ment For: 2016  Primary General  Other (specify)		Political Contribution	
State: OH District: 08				
SUBTOTAL of Disbursements This Page (optional).		<u> </u>	7	6500.00
TOTAL This Period (last page this line number only	)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 22			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NONDELL.			
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🔲 26			
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NAME OF COMMITTEE (In Full)	But I A d	•••				
$ \; angle$ American Council of Life Insurers	S Political Action Com	mittee				
Full Name (Last, First, Middle Initial)						
A. Rand Paul For Us Senate 2016			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address PO Box 72928			02 23 2015			
C:s.	Ctata Zin Cada					
City Newport	State Zip Code KY 41072		Transaction ID: 64412282			
Purpose of Disbursement	1072					
Political Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	2222.22			
Sen. Rand Paul		Type	2000.00			
	sement For: 2016					
Senate	Primary General		Political Contribution			
State: KY District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. Blumenthal For Connecticut			Date of Disbursement			
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Mailing Address C/O Cacace Tusch & Santagat	<u> </u>		02 23 2015			
777 Summer St Suite 103						
City	State Zip Code		Transaction ID: 64412283			
Stamford Purpose of Disbursement	CT 06901					
Political Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Sen. Richard Blumenthal		Type	1000.00			
Office Sought: House Disbur	sement For: 2016					
Senate	Primary General		Political Contribution			
President	Other (specify) ▼					
State: CT District:						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
C. Moderate Democrats PAC						
Mailing Address 303 Massachusetts Avenue, NE	:		02 23 2015			
<u> </u>						
City	State Zip Code		Transaction ID: 64412285			
Washington Purpose of Disbursement	DC 20002					
Political Contribution		011	Amount of Fool Diskurs are at this Dariet			
Candidate Name			Amount of Each Disbursement this Period			
Moderate Democrats PAC		Category/ Type	2500.00			
Office Sought: House Disbur	sement For:					
Senate	Primary General		Political Contribution			
President	Other (specify) ▼					
State: District:						
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SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER: PAGE 16 OF 22
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NAME OF COMMITTEE (In Full)			
American Council of Life Insurers F	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)			
A. Rounds For Senate			Date of Disbursement
Mailing Address PO Box 250 223 E Capitol Avenue			02 23 2015
City	State Zip Code		Transaction ID : 64412286
Pierre	SD 57501		11a115aCtion ib . 04412200
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name	"	Category/	2000.00
Sen. Mike Rounds		Type	2000.00
Office Sought:  House  Senate  President  Disburser	nent For: 2020 Primary General Other (specify)		Political Contribution
State: SD District:			
Full Name (Last, First, Middle Initial)			
B. Friends Of Kelly Ayotte			Date of Disbursement
Mailing Address PO Box 937			02 23 2015
Manchester	State Zip Code NH 03105		Transaction ID: 64412287
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Kelly Ayotte		Туре	1000.00
	nent For: 2016 Primary General Other (specify)		Political Contribution
Full Name (Last, First, Middle Initial)			
C. Ben Sasse For Us Senate Inc			Date of Disbursement
Mailing Address PO Box 1976			02 23 2015
City Fremont	State Zip Code NE 68026		Transaction ID : 64412288
Purpose of Disbursement Political Contribution	35025	011	
Candidate Name			Amount of Each Disbursement this Period
Sen. Ben Sasse		Category/ Type	1000.00
	ment For: 2020	.,,,,,	
Senate President  State: NE District:	Primary General Other (specify) ▼		Political Contribution
otato. INE District.			
SUBTOTAL of Disbursements This Page (optional)		······	4000.00
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SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER: PAGE 17 OF 22	_
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 🗙 23 24 25 26	
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NAME OF COMMITTEE (In Full)				
American Council of Life Insurers F	Political Action Comm	nittee		
Full Name (Last, First, Middle Initial)				
A. Friends of Schumer			Date of Disbursement	
Mailing Address 192 Lexington Avenue Suite 1001			02 23 2015	
,	State Zip Code		Transaction ID: 64412759	
New York Purpose of Disbursement	NY 10016			
Political Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	3500.00	
Sen. Charles Schumer  Office Sought: House Disbursen	nent For: 2016	Туре	7	
Senate President	Primary		Political Contribution	
State: NY District:				_
Full Name (Last, First, Middle Initial)			Data of Diaburaament	
B. Schock For Congress			Date of Disbursement	
Mailing Address PO Box 10555			02 23 2015	
City S	State Zip Code IL 61612		Transaction ID : 64412810	
Purpose of Disbursement				
Political Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	2500.00	
Rep. Aaron Schock  Office Sought:   V   House   Disbursen	nent For: 2016	Туре	1	
	Primary General  Other (specify) ▼		Political Contribution	
State: IL District: 18	•			
Full Name (Last, First, Middle Initial)  C. Diane Black For Congress			Date of Disbursement	
Blanc Black For Congress			M M / D D / Y Y Y	
Mailing Address PO Box 1437			02 23 2015	
City S Gallatin	State Zip Code TN 37066		Transaction ID : 64412861	
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	Amount of Lacif Disbursement this Feriod	
Rep. Diane Black		Type	2000.00	
Senate President	nent For: 2016 Primary General Other (specify)		Political Contribution	
State: TN District: 06				_
SUBTOTAL of Disbursements This Page (optional)		·····•	8000.00	
TOTAL This Period (last page this line number only)		·····•		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 18 OF	22			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	only one)				
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NAME OF COMMITTEE (In Full)							
American Council of Life Insurers F	Political Action Comm	nittee					
Full Name (Last, First, Middle Initial)							
A. Frederica S. Wilson For Congress			Date of Disbursement	1			
Mailing Address 19821 NW 2nd Avenue Box 354			02 23 2015				
	State Zip Code		Transaction ID: 64412862				
Miami Gardens Purpose of Disbursement	FL 33169						
Political Contribution		011	Amount of Each Disbursement this Per	riod			
Candidate Name		Category/	1000 0	0			
Rep. Frederica Wilson		Type	1000.00	J			
	nent For: 2016  Primary General  Other (specify)		Political Contribution				
State: FL District: 24							
Full Name (Last, First, Middle Initial)	•••		Data of Dishamount				
B. Neugebauer Congressional Comm	ittee		Date of Disbursement				
Mailing Address PO Box 54174			02 23 2015				
City S Lubbock	State Zip Code TX 79453		Transaction ID : 64412863				
Purpose of Disbursement	79400						
Political Contribution		011	Amount of Each Disbursement this Per	riod			
Candidate Name		Category/	2000 0	0			
Rep. Robert Neugebauer		Туре	3000.0	U			
	nent For: 2016  Primary General  Other (specify)		Political Contribution				
Full Name (Last, First, Middle Initial)							
C. Bobby Scott For Congress			Date of Disbursement				
Mailing Address P.O. Box 251			02 23 2015				
City	State Zip Code						
Newport News	VA 23607		Transaction ID: 64412916				
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Per	riod			
Candidate Name		Category/	Amount of Lacif Disbursement this Fel	liou			
Rep. Robert Scott		Type	1000.00	0			
Office Sought: House Disburser  Senate President	nent For: 2016 Primary General Other (specify)		Political Contribution				
State: VA District: 03	<u> </u>						
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 19 C	)F 22								
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NAME OF COMMITTEE (In Full)												
American Council of Life Insurers F	Political Action Comm	nittee										
Full Name (Last, First, Middle Initial)												
A. Friends for Gregory Meeks			Date of Disbursement									
Mailing Address 153-01 Jamaica Ave Suite 535			02 23 2015									
City	State Zip Code		Transaction ID: 64412971									
Jamaica	NY 11432		11a115aCtion ID : 04412371									
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this F	Period								
Candidate Name		Category/	2000	00								
Rep. Gregory Meeks		Type	2000	.00								
	nent For: 2016  Primary General  Other (specify)		Political Contribution									
State: NY District: 05												
Full Name (Last, First, Middle Initial)												
B. Jim Renacci For Congress			Date of Disbursement	Y								
Mailing Address 150 Smokerise Drive			02 23 2015									
Wadsworth	State Zip Code OH 44281		Transaction ID: 64412972									
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this F	Parind								
Candidate Name			Amount of Each Disbursement this I	Cilod								
Rep. Jim Renacci		Category/ Type	5000	.00								
•	nent For: 2016	71	,									
Senate President	Primary General Other (specify) ▼		Political Contribution									
State: OH District: 16												
Full Name (Last, First, Middle Initial)			Date of Disbursement									
C. Tiberi for Congress			M M / D D / Y Y Y	V								
Mailing Address 2931 E. Dublin Granville Road Suite 190			02 23 2015									
	State Zip Code		Transaction ID - C4442000									
	OH 43231		Transaction ID: 64413026									
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period									
Candidate Name	Cate											
Rep. Patrick Tiberi		Type	5000	.00								
Office Sought: House Disburser Senate	nent For: 2016 Primary General		Political Contribution									
President	Other (specify) ▼											
State: OH District: 12												
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 20 OF 22	_					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only							
	Detailed Summary Page	21b	22 🗙 23 24 25 26						
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NAME OF COMMITTEE (In Full)									
American Council of Life Insurers F	olitical Action Comr	nittee							
Full Name (Last, First, Middle Initial)				_					
A. Lynn Jenkins For Congress			Date of Disbursement						
Mailing Address PO Box 1441			02 23 2015						
City	State Zip Code		Transaction ID - C4442007	_					
Topeka	KS 66601		Transaction ID: 64413027						
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	1000.00						
Rep. Lynn Jenkins		Туре	1000.00						
	nent For: 2016 Primary General Other (specify) ▼		Political Contribution						
State: KS District: 02									
Full Name (Last, First, Middle Initial)									
B. Chuck Fleischmann For Congress	Committee, Inc.		Date of Disbursement						
Mailing Address P.O. Box 11091			02 23 2015						
Chattanooga	State Zip Code TN 37401		Transaction ID: 64413028						
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	2000.00						
Rep. Charles Fleischmann		Туре	2000.00						
	nent For: 2016 Primary General Other (specify)		Political Contribution						
Full Name (Last, First, Middle Initial)									
C. Davis For Congress/Friends Of Da	vis		Date of Disbursement						
Mailing Address 5956 W. Race Avenue			02 23 2015						
City S Chicago	State Zip Code IL 60644		Transaction ID: 64413029	_					
Purpose of Disbursement Political Contribution	044	-							
Candidate Name		011	Amount of Each Disbursement this Period						
Rep. Danny Davis		Category/ Type	1500.00						
•	nent For: 2016	.,,,,							
Senate President  State: IL District: 07	Primary General Other (specify) ▼		Political Contribution						
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	American Council of Life Insurers P	'olitical	Action Comi	mitte	e										
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	Full Name (Last, First, Middle Initial)														
Α.	Capuano For Congress Committee							Date o	t Dis	burse	ment	:			
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	Mailing Address PO Box 440305							02	_	23	3		2015		
	,	State	Zip Code				Transaction ID: 64413030								
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	Political Contribution			0	11_			Amoun	t of	Each	Disb	urseme	nt this	Peri	od
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	Rep. Michael Capuano				ype	,						7	100	00.00	
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	Full Name (Last, First, Middle Initial)							D - 4	( D:-						
В.	Citizens For Waters							Date o	T DIS	burse	meni				
								M = M	/	D		/ Y	Y	- Y	
	Mailing Address 3700 Wilshire Blvd							02		2:	3		2015		
	Suite 1050-B														
	,	State	Zip Code					Trans	sacti	on ID	: 644	413031			
		CA	90010												
	Purpose of Disbursement Political Contribution														
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	Candidate Name			Cate	egor	γ/							40	20.00	
	Rep. Maxine Waters				/pe	´				,	_	,	100	00.00	
	Office Sought:	nent For:	2016												
	Senate	Primary	General					Politica	l Cor	ntributi	ion				
	President	Other (spe	cify) ▼												
	State: CA District: 43														
	Full Name (Last, First, Middle Initial)														
C	•							Date o	f Dis	burse	ment	ł			
٠.	Andy Barr For Congress, Inc.														
	Mailing Address PO Box 2059							02	/	23	_		2015	= Y	
	Mailing Address PO Box 2059							UZ		2	,		2013		
	City	State	Zip Code			+									
		KY	40588					Trans	sacti	on ID	: 644	413082			
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	Rep. Andy Barr			1)	/pe			_	_	7	-	7			_
		nent For:													
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NAME OF COMMITTEE (In Full)  American Council of Life Insurers F	Political Action Comm	nittee							
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Full Name (Last, First, Middle Initial)  A. Luke Messer For Congress	Date of Disbursement								
			M   M / D   D	/ Y = Y = Y					
Mailing Address PO Box 917			02 23	2015					
City S Shelbyville	State Zip Code IN 46176		Transaction ID :	64413083					
Purpose of Disbursement Political Contribution	10170	011	Amount of Each D	isbursement this Period					
Candidate Name		Category/							
Rep. Luke Messer		Type	7	2000.00					
Senate President	nent For: 2016  Primary General  Other (specify)		Political Contributio	n					
State: IN District: 06									
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City	State Zip Code								
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State: District:  Full Name (Last, First, Middle Initial)									
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Purpose of Disbursement									
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